

- Oncology patients from Outpatient areas
- Radiotherapy treatment areas
- Oak Road Treatment Centre.
- Community Macmillan direct referrals

A bespoke proforma was completed after each consultation by the treating clinician. 413 ambulatory patient reviews took place over a 6 month period. An in depth analysis has been conducted of 236 new patient referrals between January and June 2017. Overall results show a significant impact on patient outcomes, with 21% avoided admissions, 25% facilitated early discharge and 43% avoided escalation of symptoms/GP review.

Data analysis remains on going to assess readmission statistics; in particular an analysis of early OAU discharges, facilitated by the ESC clinic review of low risk neutropenic patients.

The service currently operates two clinics a week on Monday and Thursday afternoons. A business case has been submitted proposing service expansion to operate daily clinics.

As the first cancer centre to implement this service, we have welcomed oncology teams from other centres across the UK, enhancing practice elsewhere.

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AN EVALUATION OF PALLIATIVE CARE NURSE PRESCRIBING: A MIXED METHODS STUDY IN UGANDA

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Background Access to palliative care (PC) in Uganda has been hampered by the lack of prescribers. Thus PC care trained nurses have been able to prescribe since 2004, however, no full scale evaluation had been undertaken, despite the fact that PC stakeholders are advocating for nurse prescribing in other countries. Thus an evaluation was undertaken to determine the effectiveness of PC nurse prescribing in Uganda.

Methodology The mixed methods evaluation was undertaken in three parts:

- Preparation of the nurses for the role;
- Assessing and managing pain & symptoms;
- An appraisal of the system in which the nurses are working.

Ethical approval was gained prior to the evaluation commencing.

Results

- Training: the curriculum prepares the nurses well, however, a few adaptations are recommended to strengthen it further. Themes identified from 18 interviews included: the training itself, supervision and mentorship, competency, and beliefs.
- Assessing and managing pain: 22 nurses were recruited to care for 20 PC patients each, visiting them on at least 2 occasions, assessing and managing their pain and other

symptoms, and utilising the APCA POS. Analysis demonstrates nurses are able to assess and manage pain, giving appropriate medications and reassessing.

- The appraisal in 10 districts, showed nurses are working in a system which can impact negatively on care provision e.g. stock-outs of analgesics, limited understanding of PC generally: and many myths exist re the use of morphine and provision of PC.

Trained palliative care nurses can assess and manage patients pain, prescribing morphine and associated medications appropriately. Whilst challenges exist, recommendations are made to improve the system, this evaluation has clearly shown the benefit and safety of nurse prescribing for PC in Uganda. This study has important implications for the global debate on issues of access to oral morphine and task shifting. **Conclusion**

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WHAT VALUE AND CONTRIBUTION CAN ARCHAEOLOGY GIVE TO END-OF-LIFE PRACTITIONERS?

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Background What happens when archaeology meets health and social care? The Continuing Bonds Study, a pilot project lead by Dr Karina Croucher, Professor Christina Faull and Laura Green, uses case studies of the dead from the recent and distant past to spark discussions about death and dying. Via a series of workshops, the study investigates what value and consequence such materials and discussions have for health and social care students and practitioners.

Methods In this qualitative, exploratory study, 92 participants attended 21 workshops delivered in Bradford and Leicester. Themed case studies presented materials in picture, video and object formats accompanied by explanatory text. Responses to pre, post and follow-up (1–3 months) questionnaires have been analysed both descriptively and thematically. Recordings of the discussions generated in the workshops were also analysed thematically.

Results Our results confirm the project hypothesis, with 93% of survey respondents believing that archaeological materials can be used to facilitate discussions/training about death, dying, bereavement and loss. For some individuals, the follow-up questionnaire identified considerable personal and professional impacts of the workshop. 81% of the respondents remembered at least one archaeological example, effected by how interesting and emotive they perceived the material. The project had a further result, with 72% saying the workshops helped to reflect on differences in cultural attitudes to death and dying. Some individuals feel more confident talking about bereavement post-workshop, and now give further consideration to patients' choices in the context of dying.

Conclusions Archaeological materials facilitate discussions around death, dying and bereavement that are relevant to health and social care workers, personally and professionally. Participants welcomed the opportunity to discuss and explore the myriad aspects of death from different times and places.